CLAIMS ONLY

Application Number	Filing Date
10/781801	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
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13						
14						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69	1					
70		1				
71		1				
72	1					
73		1				
74	1					
75		1				
76		1				
77	1					
78		1				
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep	5					
Total Depend	13					
Total Claims	18					